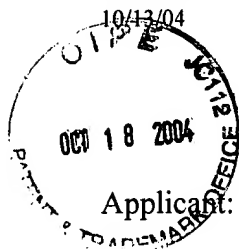


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NOTICE OF APPEAL FROM THE EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Applicant: Yang-Dar Yuan, Scott M. Thacher, Elliott S. Klein and Roshantha A. Chandraratna

Serial No.: 09/848,159 Group: 1617

Filed: May 3, 2001 Examiner: Hui, San Ming R.

Confirmation No.: 7424

For: Methods of Treating Hyperlipidemia

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
<u>Oct. 14, 2004</u>	<u>Betsy S. Kirschner</u>
Date	Signature
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Typed or printed name of person signing certificate	

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10/19/2004 MAHME1	00000047 09848159
01 FC:1253	980.00 OP
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02 FC:1401	340.00 OP

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision dated April 15, 2004 of the Examiner finally rejecting claims 1-6, 11, 12, 16 and 22-26. The item(s) checked below are appropriate:

- ☒ [X] Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated April 15, 2004 for three (3) month(s) from July 15, 2004 to October 15, 2004.
- ☐ [] A [] month extension of time to respond to the Office Action Made Final dated [] was filed on [] with payment of a \$[] fee.
☐ [] Applicant hereby petitions for an additional [] month extension of time to respond to the Office Action Made Final.

3. ☒ A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

4. Fees are submitted for the following:

<input checked="" type="checkbox"/> Extension of Time for three (3) month(s)	\$ 980
<input type="checkbox"/> Additional Extension of Time:	
Fee for Extension ([] mo.)	\$ _____
Less fee paid ([] mo.)	- \$ _____
Balance of fee due	\$ 0
<input checked="" type="checkbox"/> Notice of Appeal	\$ 340
<input checked="" type="checkbox"/> Other <u>Request for Oral Hearing</u>	\$ 300
TOTAL	\$ 1620

5. The method of payment for the total fees is as follows:

- ☒ A check in the amount of \$1,620.00 is enclosed.
- ☐ Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By 

N. Scott Pierde

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Date: 10/14/04